



SUBT: MF-5
Rev. 10/04

ALABAMA DEPARTMENT OF REVENUE

SALES, USE & BUSINESS TAX DIVISION

MOTOR FUELS SECTION

P.O. Box 327540 • Montgomery, AL 36132-7540 • (334) 242-9608

FOR OFFICE USE ONLY
Warrant Number:

Petition For Motor Fuel Tax Refund

(NO GASOLINE ALLOWED)

NAME			QUARTER ENDING
ADDRESS			FEIN OR SSN
CITY	STATE	ZIP CODE	PHONE NUMBER ()
<input type="checkbox"/> Check Here If New Address			CONTACT PERSON

INDICATE ORGANIZATION TYPE:

- Gas District Volunteer Fire Department
 Water & Fire Authority Charitable Organization Other _____

PURCHASES OF MOTOR FUEL IN ALABAMA FOR WHICH THIS PETITION IS BEING FILED

VENDOR	DATE OF INVOICE	GALLONS

(IF SPACE IS INSUFFICIENT, CONTINUE ON REVERSE SIDE)

TAX REFUND COMPUTATION

1. Total gallons listed above and on reverse side	1	
2. Rate of refund per gallon (Effective Oct. 1, 2004)	2	X \$.19
3. Amount of refund claimed (Line 1 multiplied by line 2)	3	\$

AFFIDAVIT MUST BE EXECUTED

I hereby certify that to the best of my knowledge and belief the above petition is true and correct, that the motor fuel claimed thereon was purchased and paid for by the petitioner, and that said petitioner is entitled to such refund under the provisions of Sections 40-9-9 through 40-9-13, 40-9-23, 11-22-13, 11-50-412, 11-88-16, or 22-51-13, **Code of Alabama 1975**.

Signature of Affiant: _____

Title or Position: _____

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Signature of Notary Public: _____ My Commission Expires _____, 20_____.

Records to clearly substantiate the above petition must be maintained by the applicant for a period of six years and must be made available to the Alabama Department of Revenue or its authorized agents upon request. The statute of limitations is two years from the date of payment. In order to expedite processing your petition, we recommend that you attach a detailed list showing the vendor(s), the invoice date(s), and the number of gallons purchased.

